

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

| Fill in Reporting Period dates: Beginning Date: 2/1 | 5/2018 Ending Date: 3/8/2018 |
|---|--|
| Type of Report: (Check one) | |
| 8th day preceding preliminary 8th day preceding election | 30 day after election year-end report dissolution |
| Candidate Full Name (if applicable) | 301 Committee Name |
| Office Sought and District | Name of Committee Treasurer |
| Residential Address E-mail: | 36 Energieer Circle Ludlow MH0:05 |
| Phone # (optional): | E-mail: bd socha @ aoi, Com Phone # (optional): |
| SUMMARY BALANC | CE INFORMATION: |
| Line 1: Ending Balance from previous report | Δ. |
| | |
| Line 2: Total receipts this period (page 3, line 11) | 81,500,00 |
| Line 3: Subtotal (line 1 plus line 2) | \$1,500,00 |
| Line 4: Total expenditures this period (page 5, lin | ne 14) |
| Line 5: Ending Balance (line 3 minus line 4) | \$1,500,00 \$ \$ \$0 |
| Line 6: Total in-kind contributions this period (pa | age 6) 2,967.30E |
| Line 7: Total (all) outstanding liabilities (page 7) | |
| Line 8: Name of bank(s) used: Berksku | ie Bask . |
| | contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: $g/5 - 20/8$ |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo | ox only) |
| Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actinuared any liabilities nor made any expenditures on my behalf during this reporting | e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period. |
| Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this | e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the |
| Signed under the penalties of perjury: | (Candidate's signature) Date: |
| | |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| Name and Residential Address Date Received (alphabetical listing required) | | Amount | Occupation & Employer (for contributions of \$200 or more) | |
|---|--|-----------|--|--|
| 2.27-2018 | Committee to Re-Elect Thomas M. Petrolati | 40.00 | State Representative | |
| 3-4-2018 Calleen Ryon 19 Church Street Ludlow | | 100, ro | Chief of Steff Thomas M. Peterlati | |
| | | | | |
| | | | | |
| | | | | |
| | | | A | |
| | | | | |
| | | | | |
| | | | RECE TOWN CLER 108 NAR 19 | |
| | | | ERK'S OF LUDL | |
| | | | FICE D: 20 | |
| | | | | |
| Line 9: Total Reco | eipts over \$50 (or listed above) | 760,00 | | |
| Line 10: Total Rec | eeipts \$50 and under* (not listed above) | 3/340,00 | | |
| Line 11: TOTAL | RECEIPTS IN THE PERIOD | 81,500,00 | ← Enter on page 1, line 2 | |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) Amount | | Occupation & Employer (for contributions of \$200 or more) | |
|---------------|---|--|---|--|
| | | | RECEIVED TOWN CLERK'S OFFICE | |
| | | | 2018 MAR 19 A 10: 20 | |
| | | | TOWN OF LUDLOW | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 100000 | pts over \$50 (or listed above) | | | |
| 10000 | pts \$50 and under* (not listed above) | | | |
| | ECEIPTS IN THE PERIOD | | Enter on page 1, line 2 include only those receipts not itemized above. | |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees mist keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| | To Whom Paid | | | | |
|-----------|---------------------------------------|---------------------------------|----------------------------------|-----------|--|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount | |
| | | | | | |
| | | | | | |
|] | | | | <u></u> | |
| · | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u></u> | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | \$ | |
| | | | | | |
| <u> </u> | | | | | |
| | | | | | |
| | | | | | |
| | | |] [| | |
| | | | | | |
| | 1 | | | | |
| · | | | | <u></u> | |
| 1 | | | | | |
| | | | | | |
| | | |] | | |
| | | | 1 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | <u> </u> | |
| | | Line 12: Total Expenditures o | ver \$50 (or listed above) | | |
| | | | | | |
| | | Line 13: Total Expenditures \$5 | 50 and under* (not listed above) | | |
| | | T' 44 modific i marminarina | DUDGE IN COUR DEDICE | | |
| | Enter on page 1, line $4 \rightarrow$ | Line 14: TOTAL EXPENDIT | TURES IN THE PERIOD | | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|-------------------------------|-----------------------------|--------|
| | (aiphabeticar iisting) | Address | Turpose of Expenditure | Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | - Indiana - Indi | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | With the Wife Comment | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | . * | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | With the state of | | | |
| | | | | |
| | | | | |
| | | Line 12: Expenditures over \$ | 50 (or listed above) | |
| | | | | |
| | | Line 13: Expenditures \$50 an | a inuaet (not listed apole) | |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPEND | TURES IN THE PERIOD | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------|--|--|---------------------------------|-----------|
| 2.2,2018 | Friends of Ludlaw Senior Cester | 37 Chestrut Street Budlow MA01050 | Stand Out Signer | *150. R |
| | Friendsof Ludlow Sexial Cexter | 37 Chestaut Steat Leedler MA 01054 | Laux Signe | 605.00 |
| 2,21,2018 | Friends of Sudlow Sexion Center | 31 Chestmit Street Ludlow, MA 0,056 | Ad en Newspaper | \$265.00 |
| | Friends of Budlas Senior Center | 37 Chestnut Street Ludbry, MA 01054 | Printing/mailer | 17.30 |
| 3,4,2018 | Friends of Rudlord Senior Center | 37 Chestnut Street Ludlow, MA 01056 | Catering | 1,425.1 |
| 3,1,20,8 | Folish anerican Cetizens Club Browd of Devection | 355 East Street Ludlow, MA 01056 | Holl Rextal | \$ 510.00 |
| | | | | |
| | | | | |
| | - | 3.5 | TOWN CL | " |
| | | | ERK'S OF LUDL | |
| | | S. | FICE B: 19 | |
| | | | | |
| | | Line 15: In-Kind Contribution | s over \$50 (or listed above) | 2,945.10 |
| | | Line 16: In-Kind Contributions | \$50 & under (not listed above) | 77.30 |
| | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND C | ONTRIBUTIONS | 2962.30 |

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | RECEIVED | Amount |
|---------------|-------------|---------------|----------------------|--|
| | | | WH CLERK'S OFFICE | |
| | | | ZBI8 MAR 19 A 10: 20 | |
| | | | TOWN OF LUDLOW | The state of the s |
| | | | | |
| | | n distance to | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

. .